PTO/SB/06 (12-04)

U.S. Potent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINED to respond to a collection of information unless & displays a rest-office.

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•	APPL	ICATION AS	FILED - P	'ART I					7		1/1	
	<del> </del>	(Column	1) .	(Column 2)	. SM	ALL EN	ITITY	OR	0	THE	R THAN	
FOR		NUMBER F	LED	NUMBER EXTRA					SA	MALL	ENTIT	
Basic Fee 37 CFR 1.16(a), (	b) ~ (4))	, NA		-	RATE	m l	FEE (1)		RATE	10)		
EARCH FEE				N/A	NA		150.00		NA		FE	
37 CFR 1 16(H, N, or (m))		· N/A		N/A.	· N/A				N/A		300.	
XAMINATION FEE 17 CFR. 1.16(0), (p), or (q))		. N/A		1 N/A		<del> </del>	\$250		N/A		\$50	
OTAL CLAIMS				100	N/A		\$100		NA		\$200	
37 CFR 1.18(1)) NOEPENDENT CLAIMS		mu	nus 20 «		X\$ 25			•	Veca		4200	
7 CFR 1.16(N)		minus 3 =			X100			OR	X\$50	-	-	
PPLICATION SIZE		If the specifice	ition and dra	Wings exceed 100					X200	.		
		sheets of paper, the appli is \$250 (\$125 for small er		office along the state		.1			<del></del>			
OFR 1.16(4))		** **** 19123	ואם ווגימוא וטו	MINI KARAAL		- ] .	: [	.		- 1		
		35 U.S.C. 416	1)(1)(G) and	ction thereof. See 37 CFR 1.16(s).	$\Box$		j	- 1				
ATIPLE DEPE	NDENT (1	AIM PRESENT (	MINUTURA	or orn 1.10(s).				•	1	- 1		
		+180=				+360=	-					
the difference t	n column 1	h less than zero	o, enter "O" in c	olumn 2		_		L				
					TOTAL	Ĺ			TOTAL			
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	(Colur	7n 11	(0:1)							, .		
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11,1,	WEWAINING N		NUMB	ER PRESENT	RATE (\$)				SMAL	T EN	TITY	
110/07	AMENO	MENT	PREVIOU PAID FO	ISLY EXTRA	(∞,(E(3)		DDI- DNAL		RATE (\$)		ADD	
Total D7 CFR 1.10())	1 4	36 Minus		7-1-	<del> </del>	FE	E(f)				TIONAL	
Independent G7 CFR 1.185)		Minus	1 /	1	X\$ 25	1		R X	¢\$50	- 1	FEE	
. MY CAM 1.10(F)	1		1 (0	)	X100 _		1-10	`` <b> -</b> -		- -		
A- (1)						<del> </del>	0	R	200			
Application Si										_	11-	
			DENT CLAIM	77.000 4 400	100	<del> </del>		-			1	
		CFR 1.16(s))	DENT CLAIM (	(37 CFR 1.16@)	+180=			,  -	360=	+	+-	
			DENT CLAIM (	(37 CFR 1.16(I)	TOTAL		OH	70	360=			
	TATION OF I	MULTIPLE DEPEN						TO	360= OTAL OO'L FEE		-	
	(Column	MATIPLE DEPENI	(Column	12) (Column 3)	TOTAL		OH	TO	OTAL	_		
	(Column CLAIN REMAIN	MILITIPLE DEPENI	(Column HIGHES NUMBER	(Column 3)	TOTAL ADD'L FEE		OH OH	7 AL	OTAL DO'L FEE			
FIRST PRESEN	(Column	ULATIPLE DEPENI 1 1) 45 ING 18	(Column HIGHES NUMBER PREVIOUS	1 2) (Column 3) T R PRESENT	TOTAL	ADO	OH. OH	7 AL	OTAL		\ODI-	
FIRST PRESEN	(Column CLAIN REMAIN AFTE	ULATIPLE DEPENI 1 1) 45 ING 18	(Column HIGHES NUMBER	1 2) (Column 3) T R PRESENT	TOTAL ADD'L FEE RATE (\$)	ADO TION FEE	OH OH OH	7 AL	OTAL DO'L FEE	] TI	ADDI- RONAL EE M	
FIRST PRESEN  Total  77 CFR 1.16(1)	(Column CLAIN REMAIN AFTE	LI) AS IING R IENT. Minus	(Column HIGHES NUMBER PREVIOUS PAID FOR	(Column 3) T PRESENT EXTRA	TOTAL ADD'L FEE	NOIT	OH O	AL TO	OTAL DO'L FEE RATE (\$)	] TI	AODI- IONAL EE (\$)	
Total	(Column CLAIN REMAIN AFTE AMENDM	Minus	(Column HIGHES: NUMBER PREVIOUS PAID FOR	(Column 3)  R PRESENT EXTRA	TOTAL ADD'L FEE  RATE (5)  X\$ 25 _	NOIT	OH OH	X X	OTAL DO'L FEE WATE (\$)	] TI	KONAL	
Total profit 1.14(1) ndependent roca 1.14(1)	(Column CLAIM REMAIN AFTE AMENON	Minus  FR 1.16(s))	(Column HIGHES NUMBER PREVIOUS PAID FOR	(Column 3) T PRESENT EXTRA	TOTAL ADD'L FEE  RATE (\$)  X\$ 25	NOIT	OH O	X X	OTAL DO'L FEE RATE (\$)	] TI	KONAL	
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Total proff 1.14(1) independent or or 1.14(1) Application Size	(Column CLAIM REMAIN AFTE AMENON	Minus  FR 1.16(s))	(Column HIGHES NUMBER PREVIOUS PAID FOR	(Column 3) T PRESENT EXTRA	TOTAL ADD'L FEE  RATE (\$)  X\$ 25   X100   +180=  TOTAL	NOIT	OH O	XI XI	DTAL DD'L FEE  CATE (\$)  550	] TI	KONAL	

Inc. Tignest rumber Previously Paid For" (Total or Independent) is the highest number (ound in the appropriate box in column 1.

This collection of information is required by 87 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of three you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient ADDRESS. SEND TQ: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. isty Peld For" (Total or Independent) is the highest number (ound in the appropriate box in column 1